Hawai'i Health Performance In Action

An Update of the Hawai`i Health Performance Plan (H2P2)

Winter, February 2000

Volume 2, Number 1

Hawai`i Health Performance Plan (H2P2)

As the "State of Hawai i's health planning and resources and development program" SHPDA is mandated to develop a "state health services and facilities plan which shall address the health care needs of the State."

After two years of tremendous work, coordination and collaboration, the State Health Planning and Development Agency (SHPDA) and its Plan Development Committee were proud to publish and disseminate the Hawai'i Health Performance Plan (H2P2).

H2P2 is a community driven and comprehensive health plan with performance outcome measures to guide the development of health care in our State. It is community focused and data driven.

H2P2 is a living document that continues to evolve and be refined. Policymakers and communities are using H2P2 to identify needs and work on solutions for a healthier Hawai'i!

The focus of this issue is on dental health, an important public health issue and concern in Hawai'i.

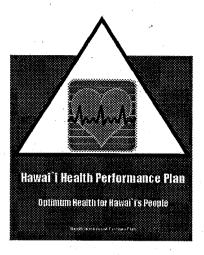
Table of Contents

Page 2...SHPDA Information

Dental Health Findings

Page 3...Dental Health Issues/
Solutions

Page 4...Spotlight – Fluoridation
Initiative



STATE HEALTH PLANNING AND DEVELOPMENT ACENCY

Focus on Chapter IX - Dental (Oral) Health...

The Dental Health Chapter was facilitated by the Hawai'i Dental Association with Dr. Ron Thoman as chapter chair. Dr. Thoman brought together a committee of dentists from across the state to work on the Chapter.

Dental (oral) health covers a wide range of conditions that affect individuals of all ages and ethnic backgrounds. These conditions are separated into disease categories that include Developmental, Neoplastic, Immunologic, and Infectious and Acquired Diseases; and Trauma.

Acquired Diseases are the most common and preventable of all diseases. They include tooth decay, periodontal disease and Temporomandibular Joint (TMJ) disease. These diseases lead to infections, tooth loss, and considerable disability to our oral health and ability to eat.

State Health Planning and Development Agency (SHPDA)

Governor: Benjamin J. Cayetano

Administrator: Marilyn A. Matsunaga

STATE HEALTH COORDINATING COUNCIL:

Randy Perreira, Chair, SHCC Winfred Odo, Chair, Review Panel Harvey Smith, Chair, Plan Development Committee

SUBAREA HEALTH PLANNING COUNCILS

Abel Medeiros, Chair Kaua'i County
Lane Uchimura, Chair Honolulu
Laurie Oishi, Chair West O'ahu
Ann Ditzler, Chair Windward O'ahu
Catherine Nobriga Kim Maui County
Beverly Jean Withington Hawai'i County

Staff:

Patrick Boland
Amy Ichiyama
Ellyn Kingsmill
John McCarthy
Clarysse Kami Nunokawa
Leatrice Tsubota
Ken Yoshida

Editor: Clarysse Kami Nunokawa



DENTAL HEALTH...FINDINGS

- Dental health care is a billion-dollar industry in the United States.
 - U.S. expenditures for dental care were more than \$27 billion in 1988.
 - In 1996, dental-related illness accounted for 6.4 million days of bed disability, 14.3 million days of restricted activity, and 20.9 million days of lost work.
- Our children's dental health is below national standards.
 - 72.7% of Hawai`i's six- to eightyear old children had one or more cavities, compared to the national average of 35% for the same population.
 - 15.85% of five-year old children in Hawai'i have Baby Bottle Tooth Decay, as compared to five percent on the mainland.
 - 18.54% of Hawai'i six year olds have no cavities in their permanent teeth, compared to 94.4% of six year olds nationally.
 - 33.11% of children have unmet treatment needs. ♥

DENTAL HEALTH...ISSUES

- Prevention. Hawai'i lags far behind the nation in prevention of dental disease, as seen in the high percentage of decay and baby bottle cavities among our children.
- ♦ Access to dental care is another major issue in Hawai`i.
 - The elderly and indigent in Hawai'i are especially at-risk because QUEST no longer covers dental care for adults other than emergency care.
 - The non-insured population has grown due to economic downturn.
 - Five dentists staff four state-run clinics and five institutional clinics. They serve the frail elderly and

- people with disabilities who meet strict income criteria.
- Five non-profit private clinics provide care to a limited number of individuals based on a sliding income scale.
- Access to care for those with insurance has problem areas also.

 Managed care in dentistry limits patients' freedom of choice and access to quality care. In addition, dental reimbursements to dentists have fallen to the 50% level when compared to the nation.
- Insurance has restricted coverage for preventive and specific diseases such as TMJ disease and craniofacial disorders.
- Medicare does not provide dental care, other than emergency care.

DENTAL HEALTH... SOLUTIONS

- Prevention. Emphasis on prevention, including education, diet modification and fluoridation.
 - Fluoridation of the water would decrease the incidence of dental disease by as much as 40 60%.
 - Education on the effect the local diet has on tooth decay.
 - Education to prevent baby bottle tooth decay.
- Access to dental services for the elderly, people with disabilities, the indigent, and uninsured.
 - Expand coverage to preventive dental care for those with HealthQUEST insurance.
 - Continue to support non-profit groups that provide dental care for those at-risk.
 - Expand state-assisted clinics to provide basic dental care for those atrisk.

DENTAL HEALTH...IN ACTION

The focus and strength of SHPDA and H2P2 are its community building efforts and Subarea Health Planning Councils (SACs). The SACs identify their community health needs and work on solutions. Based on data, Kaua'i and Maui County's selected Dental Health as their issue to work for 1999 and 2000.

KAUA'I ... In Action

The Kaua'i SAC participates in the Kaua'i Dental Health Task Force and is justifiably proud of its achievements.

- Received the Governor's Kilohana Award for outstanding volunteerism.
- Sponsored the Third Annual Dental Health Conference.
- * Received grants and donations to educate the community on dental health and fluoridation.
- ❖ Distributed 26,000 flyers on preventing baby bottle tooth decay in partnership with Kaua`i Electric Company. ♥

MAUL In Action

- The Tri-Isle SAC is spearheading projects that will provide preventive and educational dental health activities to children and youth. They have formed a Fluoridation Subcommittee and Maui Dental Health Task Force that will address these issues.
- ❖ They support the Maui Mobile Dental Clinic Project that will bring dental services to Maui communities in need. HMSA donated the mobile dental van to the Maui community based on the need identified in H2P2. The van will initially provide emergency and urgent dental care services to children and adults without dental insurance and who otherwise could not afford dental services.

FOCUS ON... FLUORIDATION LEGISLATION

S.B. 2882/HB 2541 – RELATING TO COMMUNITY WATER FLUORIDATION

The purpose of this bill is to require the fluoridation of drinking water in Hawai'i. Chapter 340E, Hawai'i Revised Statues will be amended by adding a new section. Key points of the bill are:

- ⇒ Requires fluoridation of all public water systems of 1,000 or more service connections on all islands except Ni`ihau. The result is that 90% of Hawai`i's residents would benefit from drinking fluoridated water.
- ⇒ Counties will submit an implementation plan to the Department of Health by December 31, 2001.

- ⇒ The fluoridation program will be completed by FY 2004.
- ⇒ The State will pay for the planning and initial installation costs.
- ⇒ Counties will pay for the operation and maintenance; the State will help by giving a subsidy for the operation and maintenance of the system.

For details on bills and information on hearing dates and times, visit the Legislature's website at:

http://www.Capitol.hawaii.gov



1177 Alakea Street, room 402 Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783

e-mail: shpda@health.state.hi.us

Website:

www.hawaii.gov/health/shpda.htm

"The best health care website in Hawai`i"



FACT SHEET COMMUNITY WATER FLUORIDATION

Fluoridation of drinking water is considered one of the most significant public health success stories of the century. Since its introduction more than 50 years ago, fluoride has dramatically improved the oral health of millions of Americans.

- ⇒ Thanks to fluoridation, half of the children in the United States, ages 5-17 have never had a cavity in their permanent teeth.
- ⇒ Community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care.
- ⇒ Over 360 million people in approximately 60 countries presently receive the benefits of fluoridated drinking water. This includes 145 million people in the United States in over 10,000 communities, or approximately 65% of the U.S. population.
- ⇒ The American Dental Association, U.S. Public Health Service, American Medical Association and World Health Organization are among more then 90 national and international organizations that recognize the public health benefits of community water fluoridation for preventing tooth decay.
- FLUORIDE is EFFECTIVE ...
 - 60-65% reduction in tooth decay
 - Reduction in periodontal (gum) disease rates
- FLUORIDE is SAFE... There is a record of safety and effectiveness in the United States. Studies over the past 50 years have repeatedly confirmed the safety of water fluoridation at optimal levers and its effectiveness in preventing tooth decay.
- FLUORIDE is COST EFFECTIVE
 - Every dollar spent on fluoridation will save \$80.00 in health care costs.(CDC)
 - Average Annual Cost is estimated to be \$1.00 per person per year. (CDC)
- CURRENT SITUATION...Hawai`i
 - Hawai'i's tooth decay rates are among the highest in the nation.
 - Public elementary school age children have a prevalence rate of tooth decay that is at least twice the national average.
 - The only Hawai'i's military bases benefit from drinking fluoridated water. This equates to 13% of Hawai'i's resident population that receive the benefits of fluoridated drinking water.

(Taken in part from "Communication Points Regarding Community Water Fluoridation" from the American Dental Association, "Community Water Fluoridation FACT SHEET" by Mark H.K. Greer, DMD, MPH., and "Fluoride Demonstration Project" by Kaua'i Dental Health Task Force)

DENTAL HEALTH AMONG HAWAI'I'S YOUNG CHILDREN

Average Number of Decayed Primary Teeth (dft) Per Child Ages 5 through 9

U.S. Mainland (1987) 1.884 Hawai`i (1989) 3.890 Hawai`i (1999) 3.914

Data by Region...1999 Hawai'i Findings

| Region | Decayed Teeth | Worse than the National Average | |
|----------------|---------------|---|--|
| O`ahu | 3.898 | 2.069 times worse than the national average | |
| Central O`ahu | 3.367 | 1.787 " | |
| Leeward O`ahu | 3.917 | 2.079 " | |
| Windward O`ahu | 3.999 | 2.122 " | |
| Honolulu | 4.197 | 2.227 " | |
| Hawai`i | 3.428 | 1.819 " | |
| East Hawai'i | 3.548 | 1.883 | |
| West Hawai'i | 3.245 | 1.722 " | |
| Kaua`i | 4.123 | 2.188 " | |
| Maui | 4.259 | 2.261 " | |
| Moloka`i | 4.035 | 2.142 " | |
| Lana`i | 5.034 | 2.671 " | |
| Ni`ihau | n/a | | |

Data by Ethnicity...1999 Hawai'i Findings

| <u>Ethnicity</u> | Decayed Teeth | Worse than | the National Average |
|-------------------------|----------------------|------------|---------------------------------|
| Blacks | 2.056 | | worse than the national average |
| Caucasians | 2.246 | 1.192 | <u>"</u> |
| Japanese | 2.748 | 1.459 | u |
| Hispanics | 3.230 | 1.714 | tt. |
| Chinese | 3.565 | 1.786 | " |
| Native Hawaiians | 4.182 | 2.220 | 4 |
| Koreans | 4.234 | 2.247 | u u |
| Other Pacific Islanders | 4.552 | 2.416 | u |
| Southeast Asians | 4.552 | 2.416 | u . |
| Filipinos | 5.479 | 2.908 | 4 |
| Community Schools | 2.004 | • | |

Community Schools

3.901

Military-Based Schools

1.487 (water is fluoridated on military bases)

Proportion of 5 Year Old Children with "Baby Bottle Tooth Decay"

| U.S. mainland (1987) | 5.0% |
|----------------------|-------|
| Hawai`i (1989) | 17.0% |
| Hawai`i (1999) | 13.6% |

1999 Hawai'i Findings...

| Regional LOW | West Hawai`i | 5.6% |
|-------------------|--------------|---|
| Regional HIGH | Lana`i | 23.3% |
| Ethnic LOW | Blacks | 1.6% |
| Ethnic HIGH | Filipinos | 24.9% |
| Community Schools | | 13.6% |
| Military Schools | | 1.2% (water is fluoridated on military bases) |

(Taken in part from "Dental Health Among Young Children in Hawai'i" by Mark Greer, DMD, MPH, Chief, Dental Health Division Department of Health and Dental Consultant, Med-QUEST division, Department of Human Services, January 2000)